MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09375

09402

CERTIFICATE OF DEATH

Reg. Dist. No. 134

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg, Md. X
LENGTH OF STAY (in this place) 48 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 207 De Paul Street X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Emmitsburg, Md. X
STREET ADDRESS (If rural give location) 207 De Paul Street

3. NAME OF DECEASED: (Type or Print) (First) Nora (Middle) Anna (Last) Adams

4. DATE OF DEATH: (Month) Oct. (Day) 10, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 6, 1881

9. AGE last birthday: 73 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Carroll County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Kairchoaf

14. MOTHER'S MAIDEN NAME: Louisa Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 212-09-4550

17. INFORMANT & ADDRESS: Anna Louise Adams Emmitsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) congestive heart failure — Interval Between Onset And Death: 6 mo

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) arteriosclerotic cardio vascular renal disease - second yr

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 26 1954 to Oct 10 1954, that I last saw the deceased alive on Oct 10 1954, and that death occurred at 10:15 P from the causes and on the date stated above.

SIGNATURE (Degree or title) W.R. Eade M.D. ADDRESS Emmitsburg Md DATE SIGNED 10-11-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Oct. 13, 1954 | NAME OF CEMETERY OR CREMATORY St. Joseph's Catholic | LOCATION (City, town, or county) (State) Emmitsburg, Md.

DATE REC'D BY LOCAL REGISTRAR: Oct-12-1954 | REGISTRAR'S SIGNATURE M. F. Shuff

24. FUNERAL DIRECTOR S. L. Allison ADDRESS Emmitsburg, Md.
S. L. Allison

RECEIVED
OCT 15 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 69376

09403 # CERTIFICATE OF DEATH

Reg. Dist. No. 134

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg. X
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 110 South Seton Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg, X
STREET ADDRESS (If rural give location) 110 South Seton Ave.

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) Agnes (Last) Adelsberger

4. DATE OF DEATH: (Month) Oct. (Day) 6, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 14, 1883

9. AGE last birthday: 71 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Carroll County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John N.F. Miller

14. MOTHER'S MAIDEN NAME: Mary E. Stansbury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs Janet Tokar Emmitsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset and Death

Immediate cause (a) Acute myocardial failure — 1 hour

420.1

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Cardiac infarction — 3 mo.

DUE TO (c) Coronary artery disease — 1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 30, 19..., to Oct 6, 54, that I last saw the deceased alive on Oct 5, 54, and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) W.R. Cadle MD — ADDRESS Emmitsburg Md — DATE SIGNED 10.6.54

23. BURIAL, CREMATION, REMOVAL: (Specify) Burial — DATE THEREOF Oct. 9, 1954 — NAME OF CEMETERY OR CREMATORY Mt. View — LOCATION (City, town, or county) (State) Emmitsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR Oct 7-1954 — REGISTRAR'S SIGNATURE M.F. Stauffer

24. FUNERAL DIRECTOR S. L. Allison — ADDRESS Emmitsburg, Md.

S. L. Allison

RECEIVED
OCT 13 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09377

09404

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Middletown
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Alonza (Middle) J. (Last) Ahalt

4. DATE OF DEATH: (Month) 10 (Day) 11 (Year) 1954

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married | 8. DATE OF BIRTH: 3-30-1878 | 9. AGE last birthday 76 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm owner | 10B. KIND OF BUSINESS OR INDUSTRY: farm | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Joshua D. Ahalt | 14. MOTHER'S MAIDEN NAME: Laura Shafer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. none | 17. INFORMANT & ADDRESS: Mrs. Hattie Ahalt, Middletown Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 mi

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary Sclerosis & Myocarditis — 3 yrs

DUE TO (C) Senility

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/10, 1954 to 10/11, 1954 that I last saw the deceased alive on 10/10 1954, and that death occurred at 3:40 PM, from the causes and on the date stated above.

SIGNATURE G. L. Brice M. D. ADDRESS Jefferson DATE SIGNED 10/12/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10-13-1954 | NAME OF CEMETERY OR CREMATORY Luckenbaugh Cemetery | LOCATION (City, town, or county) Middletown (State) Md

DATE REC'D BY LOCAL REGISTRAR Oct. 13-54 | REGISTRAR'S SIGNATURE Mame Gladhill | 24. FUNERAL DIRECTOR Gladhill Co. | ADDRESS Middletown, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 69378

0.9374

CERTIFICATE OF DEATH

Reg. Dist. No. 131

Item 4, FilmC172 10-25-54 et

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick 11
LENGTH OF STAY (in this place) 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Braddock Heights
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Nancy (Middle) Fay (Last) Basore

4. DATE OF DEATH: (Month) 9/10 (Day) 10 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Single

8. DATE OF BIRTH: 17 Sept 54

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 23 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Harold Leroy Basore

14. MOTHER'S MAIDEN NAME: Geraldine Fogal Kern

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Father - Braddock Heights, Md.

4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congenital heart disease DUE TO — Interval Between Onset And Death: Congenital

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 Sept, 1954, to 10 Oct, 1954, that I last saw the deceased alive on 9 Oct, 1954, and that death occurred at 7:35 AM., from the causes and on the date stated above.

SIGNATURE A. M. Powell, Jr. (Degree or title) MD ADDRESS 210 N. Market Frederick DATE SIGNED 10 Oct 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 11 Oct 1954 | NAME OF CEMETERY OR CREMATORY Lutheran Cemetery | LOCATION (City, town, or county) (State) Bolivar, West Virginia

DATE REC'D BY LOCAL REGISTRAR 11 Oct 1954 | REGISTRAR'S SIGNATURE Elizabeth L. Hoch. | 24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

2094382432

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 13 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (0379

09405 CERTIFICATE OF DEATH Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick 11
STREET ADDRESS (If rural give location) 16 East South Street

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) THERESA (Last) BELL
4. DATE OF DEATH: (Month) October (Day) 27, (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	August 25, 1867	87 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Dressmaker	OWN	Maryland	USA

13. FATHER'S NAME: Adam T. Bell
14. MOTHER'S MAIDEN NAME: Jane Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	No	None	131 West Third Street, Mrs. Roscoe C. Murray, Frederick, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1
Immediate cause (a) Coronary Thrombosis — 12 hrs.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Arteriosclerosis — 10 yrs.
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 10, 1952, to Oct. 27, 1954, that I last saw the deceased alive on Oct. 27, 1954, and that death occurred at 5:50 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. C. Murray	M. D.	Frederick, Maryland	10/29/1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 30, 1954	Mount Olivet Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
29 October 1954	Elizabeth S. Keefe	M. R. Etchison & Son	Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09380

09375 # CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH:
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
MARYLAND LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 88 Lincoln Apts.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 88 Lincoln Apts.

3. NAME OF DECEASED: (Type or Print) (First) June (Middle) Robin (Last) Bowie

4. DATE OF DEATH: (Month) Oct. (Day) 7 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):

8. DATE OF BIRTH: June 22, 1953

9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): ********

10b. KIND OF BUSINESS OR INDUSTRY: **********

11. BIRTHPLACE (State or foreign country): Frederick Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Bowie

14. MOTHER'S MAIDEN NAME: Dorthy E. King

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ******

(If Yes, give war or dates of) **********

16. SOCIAL SECURITY NO.: **********

17. INFORMANT & ADDRESS: Charles Bowie 88 Lincoln Apts.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Rheumatic Heart Disease — Interval Between Onset And Death: 1 month

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Pulmonary Oedema — 1/2 hour

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 22, 1953, to Oct 7, 1954, that I last saw the deceased alive on Oct 7, 1954 and that death occurred at 1.1 P M, from the causes and on the date stated above.

SIGNATURE (Degree or title) Bernard Thomas Jr. ADDRESS Frederick Md DATE SIGNED Oct. 9, 1954

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial

DATE THEREOF Oct. 10, 54

NAME OF CEMETERY OR CREMATORY Fairview

LOCATION (City, town, or county) (State) Frederick Maryland

DATE REC'D BY LOCAL REGISTRAR 10 October, 1954

REGISTRAR'S SIGNATURE Elizabeth B. Heck

24. FUNERAL DIRECTOR Charles E. Hicks III ADDRESS Fred. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

REC
OCT 1
BUREAU N.

09381

MARYLAND STATE DEPARTMENT OF HEALTH

09406

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick-Rural RD#5
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Gambrill Park Road Along Highway Route #40

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick-Rural RD#1
STREET ADDRESS (If rural, give location) Mount Pleasant

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CHARLES	HERMAN	BRUNNER	10	21	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Divorced	9 Sept 1917	37 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Owner	Taxi Cab	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles E. Brunner	Myrtle K. Kline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	217-12-2956	Paul F. Brunner, RD#1, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Gunshot Wound of Heart	Min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Highway auto	Mt. Frederick	Frederick	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
Oct. 21, 1954 Cal. 2 p.m.		Shot in chest

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, ~~Inspection or Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Robert J. Imie, M. D.	Box 236 R. F. D. #1, Frederick, Maryland	22 Oct 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	25 Oct 1954	Pleasant Hill Cemetery	Monrovia, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
25 Oct 1954	Elizabeth G Hedges	M. R. Etchison and Son, Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09382

09376 CERTIFICATE OF DEATH Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) 11
HOSPITAL OR INSTITUTION OR STREET ADDRESS I.O.O.F. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) Unknown

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) EDWARD (Last) BUTLER, Jr.
4. DATE OF DEATH: (Month) October (Day) 16, (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept. 20, 1878
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: General Work
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George Edward Butler, Sr.
14. MOTHER'S MAIDEN NAME: Sue Canapp
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 218-03-2884
17. INFORMANT & ADDRESS: I.O.O.F. Home Records, Frederick, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Acute myocarditis — 1 days.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — 10 years.
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1-, 1954, to 10-16, 1954, that I last saw the deceased alive on 10-14, 1954, and that death occurred at 7:00 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Wm. M. Smith M. D.
ADDRESS Frederick, Maryland
DATE SIGNED 10/18/1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 19, 1954
NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery
LOCATION (City, town, or county) (State) Baltimore City, Maryland
DATE REC'D BY LOCAL REGISTRAR 18 October 1954
REGISTRAR'S SIGNATURE Elizabeth G. Fech
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09383

09377 CERTIFICATE OF DEATH Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick 11
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Mem. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Plane Four
STREET ADDRESS (If rural give location) Rural-- Mt. Airy

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) E. (Last) CAIN
4. DATE OF DEATH: (Month) October (Day) 1 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify): Widowed
8. DATE OF BIRTH: 5 Feb 1875
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Fireman(retired)
10b. KIND OF BUSINESS OR INDUSTRY: B.& O. R.R.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Joseph E. Cain
14. MOTHER'S MAIDEN NAME: Margaret V. Purdum
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Emory J. Cain, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocardial Infarction

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardio-Vascular Disease

DUE TO (c) 420.

Interval Between Onset And Death: 24 hours; Several years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 30, 1954, to Oct. 1, 1954, that I last saw the deceased alive on Oct. 1, 1954, and that death occurred at 2:20 A.M., from the causes and on the date stated above.

SIGNATURE Ernest A. Doctkan (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED Oct. 1, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 10-4-1954
NAME OF CEMETERY ~~OR CREMATORY~~ Marvin Chapel
LOCATION (City, town, or county) (State) Frederick Co., Md.

DATE REC'D BY LOCAL REGISTRAR 2 Oct 1954
REGISTRAR'S SIGNATURE Elizabeth G. Herb
24. FUNERAL DIRECTOR C. M. Waltz, ADDRESS Winfield, Maryland

OCT 5 1934
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09378 **CERTIFICATE OF DEATH** 69384

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL) OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) Days 11
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural R. F. D. #3
STREET ADDRESS (If rural give location) Charlesville

3. NAME OF DECEASED: (Type or Print) (First) HARVEY (Middle) SPENCER (Last) CLEM

4. DATE OF DEATH: (Month) October (Day) 2, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: Nov. 8, 1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Foreign Finance

10b. KIND OF BUSINESS OR INDUSTRY: State Dept, U.S. Govt.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John H. Clem

14. MOTHER'S MAIDEN NAME: Wilhelmina Stull

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: ?

17. INFORMANT & ADDRESS: Mrs. Caroline B. Clem, Frederick, R.D.#3, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage DUE TO — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic interstitial Nephritis DUE TO — 6 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug ..., 19 54, to Oct 2, 19 54, that I last saw the deceased alive on Oct 2, 19 54, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 10/4/1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Oct. 5, 1954 NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR Oct 5 1954 REGISTRAR'S SIGNATURE Elizabeth L. Keck

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

OCT 5 1954
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09385

09490

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Brunswick
LENGTH OF STAY (in this place) 54 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 512 North Maple Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural, give location) 512 North Maple Avenue

3. NAME OF DECEASED: (Type or Print) (First) Alta (Middle) Jane (Last) Crowl

4. DATE OF DEATH: (Month) IO (Day) 22 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: 3-25-1868

9. AGE last birthday: 86 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Penn

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Riker

14. MOTHER'S MAIDEN NAME: Catherine Ann Flook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ?

(If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Grace Nuce, Brunswick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arteriosclerosis

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 19[illegible], to 10/22 19[illegible], that I last saw the deceased alive on 10/20 19[illegible] and that death occurred at 12[illegible] m., from the causes and on the date stated above.

SIGNATURE [illegible] M.D. (DEGREE OR TITLE) ADDRESS Brunswick Md. DATE SIGNED 10/22/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 10-24-54

NAME OF CEMETERY OR CREMATORY Park Heights

LOCATION (City, town, or county) (State) Brunswick, Md.

DATE REC'D BY LOCAL REG. Oct 23-54

REGISTRAR'S SIGNATURE Kathryn H. Brown

24. FUNERAL DIRECTOR C.H. Feete and Bro. ADDRESS Brunswick, Md.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

OCT
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09379 CERTIFICATE OF DEATH

09386

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) 36 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 408 West Second Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural give location) 408 West Second Street

3. NAME OF DECEASED: (Type or Print) (First) KITTY (Middle) LOUISE (Last) DAY

4. DATE OF DEATH: (Month) October (Day) 23, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Oct. 23, 1886

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: School Teacher

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: E. T. Bready

14. MOTHER'S MAIDEN NAME: Mary Hays

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: 408 West Second Street, Miss Mary Louise Day, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial infarction — Interval Between Onset And Death: Immed.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive Heart disease — 10 yrs +
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. ..., 19 51, to 23 Oct., 19 54, that I last saw the deceased alive on 29 Sept., 19 54, and that death occurred at 11:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles H. Corley Jr. M. D. ADDRESS Frederick, Maryland DATE SIGNED 10/25/1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Oct. 26, 1954 NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 26 October 1954 REGISTRAR'S SIGNATURE Elizabeth L. Stack.

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

09407 09387

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown-Rural R.D.#1
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bolivar

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown-Rural R.D.#1
STREET ADDRESS (If rural, give location) Bolivar

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROBERT	LUTHER	DEVILBISS	October	24,	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Oct. 5, 1927	27 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Technician	Army Camp	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles C. Devilbiss	Mrs. Roger Yinger Foland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WWII	212-24-6086	R. F. D. #1, Mrs. Winnie I. Devilbiss, Middletown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) C[illegible]	Min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes XX No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
[illegible]		Shot self with .22 cal [illegible]

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
[signature] M. D.	Frederick, Maryland	10/26/1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 27, 1954	Mount Olivet Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
27 Oct 1954	Marie Madison	M. R. Etchison & Son,	Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09388

09380 CERTIFICATE OF DEATH Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick 11
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial 21

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodbine
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Nancy (Middle) Lee (Last) Duvall

4. DATE OF DEATH: (Month) Oct (Day) 21 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): S

8. DATE OF BIRTH: Oct 18, 1954

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gilbert Eugene Hatfield

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Duvall

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS? Hosp. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Subdural Hemorrhage DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Breech delivery DUE TO

(c)

Interval Between Onset And Death: 3 dys

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 Oct, 1954, to 21 Oct, 1954, that I last saw the deceased alive on 20 Oct, 1954, and that death occurred at 3 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R L Guest, MD 7 E. Church st. Frederick Md 21 Oct 54

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) Burial
DATE THEREOF 22 Oct 1954
NAME OF CEMETERY OR CREMATORY Family Burial Lot
LOCATION (City, town, or county) (State) Carroll County Maryland

DATE REC'D BY LOCAL REGISTRAR 21 Oct 1954
REGISTRAR'S SIGNATURE Elizabeth S. Heck
24. FUNERAL DIRECTOR C. M. Waltz, Winfield, Maryland ADDRESS

20042204

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

09381 MARYLAND STATE DEPARTMENT OF HEALTH

09389

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY FREDERICK MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK; LENGTH OF STAY (In this place) YRS; HOSPITAL OR INSTITUTION OR STREET ADDRESS 506 N. MARKET ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY FREDERICK; CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK; STREET ADDRESS (If rural, give location) 506 N. MARKET ST.

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) CRAWFORD (Last) FALK

4. DATE OF DEATH: (Month) October (Day) 17 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): MARRIED

8. DATE OF BIRTH: May 1, 1905

9. AGE last birthday: 49 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PAPERHANGER

10b. KIND OF BUSINESS OR INDUSTRY: PAINTING

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: LAWRENCE FALK

14. MOTHER'S MAIDEN NAME: OLIVE STRASBERGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: SON - DOUGLAS FALK - 219 W. PATRICK ST. FREDERICK, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY ARTERY THROMBOSIS — Interval between onset and death: MINS.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ; (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CHR. ALCOHOLISM

19a. DATE OF OPERATION / 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE-WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. NONE

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? NONE

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert J. Durie, M.D., Box 236 RD 6, Frederick, Md. 10-17-54

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify): Burial — DATE THEREOF: October 20, 1954 — NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery — LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 19 Oct. 1954 — REGISTRAR'S SIGNATURE: Elizabeth S. Koch

24. FUNERAL DIRECTOR ADDRESS: C. E. Cline & Son--8 East Patrick Street Frederick, Maryland

09390

MARYLAND 09408

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH — COUNTY: Frederick — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Thurmont — LENGTH OF STAY (In this city, town, or county): Lifetime — HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MD. — COUNTY: Frederick — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Thurmont — STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Edgar (Middle) Merriman (Last) Freeze

4. DATE OF DEATH (Month) (Day) (Year): Oct 24 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 12.1894

9. AGE last birthday: 60 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard

10b. KIND OF BUSINESS OR INDUSTRY: Camp Deitrick

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: J. Henry Freeze

14. MOTHER'S MAIDEN NAME: Clara Parrish

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): World War I

16. SOCIAL SECURITY NO.: 219-12-1666

17. INFORMANT AND ADDRESS: Grace Rowe Freeze Thurmont MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute coronary occlusion — Interval between onset and death: 1 hr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary insufficiency — 18 mo.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 29, 1953, to Oct 24, 1954, that I last saw the deceased alive on Oct. 22, 1954, and that death occurred at 4:00 a.m., from the causes and on the date stated above.

SIGNATURE: M. Franklin Bird (Degree or title) — ADDRESS: Thurmont Md. — DATE SIGNED: 10/25/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Oct. 27. 1954 — NAME OF CEMETERY OR CREMATORY: Blue Ridge Cem — LOCATION (City, town, or county) (State): Thurmont. Fredk Co. MD

DATE REC'D BY LOCAL REG.: Oct. 26, 1954 — REGISTRAR'S SIGNATURE: Blanche S. Eyler

24. FUNERAL DIRECTOR — ADDRESS: M.L.Creager & Son Thurmont MD

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09391

09409

CERTIFICATE OF DEATH

Reg. Dist. No. 144

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Thurmont
LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Thurmont.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Rose (Middle) Barbara (Last) Freshman

4. DATE OF DEATH: (Month) Oct. (Day) 15th. (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Dec. 12. 1893 | 9. AGE last birthday: 60 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Own home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Melvin Perry | 14. MOTHER'S MAIDEN NAME: Barbara V. Izer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) No (If Yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. No | 17. INFORMANT & ADDRESS: Roy Freshman Thurmont. MD

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Acute myocardial infarction	12 hrs.
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Arteriosclerosis	?
	DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Chronic myocarditis	10 yrs.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2., 1948, to Oct. 15, 1954, that I last saw the deceased alive on Oct. 15, 1954, and that death occurred at 1:45 p.M., from the causes and on the date stated above.

SIGNATURE M. Franklin Bird M. D. ADDRESS Thurmont Md. DATE SIGNED Oct. 16, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Oct. 18th. 1954 | NAME OF CEMETERY OR CREMATORY Pipe Creek Cem. | LOCATION (City, town, or county) (State) Carroll Co. MD.

DATE REC'D BY LOCAL REGISTRAR Oct. 18 1954 | REGISTRAR'S SIGNATURE Blanche S. Eyler | 24. FUNERAL DIRECTOR AND ADDRESS M. L. Creager & Son. Thurmont. MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09382 CERTIFICATE OF DEATH

Reg. 09382 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Frederick — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick

LENGTH OF STAY (in this place): Lifelong

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 218 South Market Street

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Frederick

CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick

STREET ADDRESS (If rural give location): 218 South Market Street

3. NAME OF DECEASED: (Type or Print) (First) DAVID (Middle) OTHO (Last) GRIFFIN

4. DATE OF DEATH: (Month) October (Day) 11 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: January 22, 1884

9. AGE last birthday. 70 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Insurance

10b. KIND OF BUSINESS OR INDUSTRY: Fire Insurance

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Griffin

14. MOTHER'S MAIDEN NAME: Jane E. Thomas

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 220-30-9732

17. INFORMANT & ADDRESS: W. Bartgis Storm—Frederick, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 420.1 Coronary Thrombosis — Interval Between Onset And Death: 15 Minutes

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis — 5 yrs. +

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 20, 1954, to Oct. 11, 1954, that I last saw the deceased alive on Oct. 10, 1954, and that death occurred at 10:30 a/m, from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. — ADDRESS: Mideark Md — DATE SIGNED: 10/12/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: October 13, 1954 — NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery — LOCATION (City, town, or county) (State): Frederick Maryland

DATE REC'D BY LOCAL REGISTRAR: 12 October 1954 — REGISTRAR'S SIGNATURE: Elizabeth L. Hoke

24. FUNERAL DIRECTOR — ADDRESS: C. E. Cline & Son—8 East Patrick Street Frederick, Maryland

OCT 1[illegible] 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09393

09383 CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick
LENGTH OF STAY (in this place) 9 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick*Rural R.F.D.#4,
STREET ADDRESS (If rural give location) Cap Stine Road

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ELLA (Last) HENRY

4. DATE OF DEATH: (Month) October (Day) 31, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Sept. 4, 1884

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Matthews

14. MOTHER'S MAIDEN NAME: Martha E. Moreland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS. Mr. Charles P. Henry, Frederick, R.F.D. #4, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO Leukemia, Myeloid Hyperplastic — INTERVAL BETWEEN ONSET AND DEATH 2 years.

ANTECEDENT CAUSE (B) DUE TO Arterio-sclerotic Cardio-vascular disease 1 year.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 25, 1954, to Oct. 31, 1954 that I last saw the deceased alive on Oct. 31, 1954., and that death occurred at 9:15 PM, from the causes and on the date stated above.

SIGNATURE Bernard Kinsey Jr. M. D. ADDRESS Frederick, Maryland DATE SIGNED 11/2/1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Nov. 3, 1954 — NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery — LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 3 Nov. 1954 — REGISTRAR'S SIGNATURE Elizabeth S. Etch

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09394

09384 CERTIFICATE OF DEATH Reg. Dist. No. 13.1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick. MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp. 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Monts
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Buckeystown - Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Newport (Middle) Nelson (Last) Hicks

4. DATE OF DEATH: (Month) Oct (Day) 5 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 4. 1886

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired). Antique dealer (Retired)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Hicks

14. MOTHER'S MAIDEN NAME: Elizabeth Kepler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Herbert Hicks, Buckeystown Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Decubitus ulcer DUE TO

(c)

Interval Between Onset And Death: 1 year

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 27, 1954, to Oct. 5, 1954, that I last saw the deceased alive on Oct. 5, 1954, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Bernard D. Timmons Jr M.D. ADDRESS Frederick Md. DATE SIGNED Oct. 6, 1954

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) Burial DATE THEREOF Oct. 7. 54 NAME OF CEMETERY OR CREMATORY Monocacy LOCATION (City, town, or county) (State) Beallsville, Md

DATE REC'D BY LOCAL REGISTRAR 6 October 1954 REGISTRAR'S SIGNATURE Elizabeth S. Heck

24. FUNERAL DIRECTOR William B. Hilton ADDRESS Barnesville, Md

VS. A15

OCT 11 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09385 09395

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 2 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 115 Jefferson Street

3. NAME OF DECEASED: (Type or Print) (First) LULA (Middle) ELEANOR (Last) HILDEBRAND

4. DATE OF DEATH: (Month) October (Day) 27, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify): Widow

8. DATE OF BIRTH: Dec. 10, 1887

9. AGE last birthday: 66 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Marion F. Riddlemoser

14. MOTHER'S MAIDEN NAME: Margaret Ann Smith

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: 115 Jefferson Street, Mrs. Claude G. Shoemaker, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Gunal pertonitis due

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: To ruptune of gall bladder — Interval Between Onset And Death: 4 days

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 24, 1954, to Oct. 27, 1954, that I last saw the deceased alive on Oct. 27 1954 and that death occurred at 3:30 P.M., from the causes and on the date stated above.

SIGNATURE B. [illegible] (Degree or title) M. D.

ADDRESS Frederick, Maryland

DATE SIGNED 10/29/1954

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) Burial

DATE THEREOF Oct. 30, 1954

NAME OF CEMETERY OR ~~CREMATORY~~ Rocky Springs Cemetery

LOCATION (City, town, or county) (State) Frederick County, Maryland

DATE REC'D BY LOCAL REGISTRAR 29 October 1954

REGISTRAR'S SIGNATURE Elizabeth S. Koch

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

VS. A15

09396

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09386 CERTIFICATE OF DEATH Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick; MARYLAND LENGTH OF STAY (in this place) 5 mths; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Fred.; CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Rural Knoxville; STREET ADDRESS (If rural give location) Route 340

3. NAME OF DECEASED: (Type or Print) (First) Wm. (Middle) Geo. (Last) Hoffman

4. DATE OF DEATH: (Month) Oct. (Day) 5 (Year) 1954

5. SEX: Male; 6. COLOR OR RACE: White; 7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify) Widowed; 8. DATE OF BIRTH: 11-2-1867; 9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Merchant; 10b. KIND OF BUSINESS OR INDUSTRY: Country store; 11. BIRTHPLACE (State or foreign country): Maryland; 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Hoffman; 14. MOTHER'S MAIDEN NAME: Joan Schindhelm

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No; (If Yes, give war or dates of service); 16. SOCIAL SECURITY No: —; 17. INFORMANT & ADDRESS: Mrs Lillie Rae Delauder, Knoxville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of the Lung — Interval Between Onset And Death: 3 mo

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Broncho-Pneumonia — 1 week

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis (Senility)

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION —; 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —; PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.) —; (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) —; INJURY OCCURED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 27, 1954, to Oct. 5, 1954, that I last saw the deceased alive on Oct. 5, 1954, and that death occurred at 12.45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. J. Deare M.D. ADDRESS Frederick Md. DATE SIGNED 10/5/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 10-8-54; NAME OF CEMETERY OR CREMATORY St. Marks; LOCATION (City, town, or county) (State) Petersville Md.

DATE REC'D BY LOCAL REGISTRAR 8 October 1954; REGISTRAR'S SIGNATURE Elizabeth S. Herb.; 24. FUNERAL DIRECTOR C. H. Fuss & Bro; ADDRESS New Brunswick Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 11 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09397

09387 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY Frederick — MARYLAND

CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick — LENGTH OF STAY (in this place) 42 Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS 404 West South Street

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Frederick

CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick

STREET ADDRESS (If rural give location) 404 West South Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
MARY	ESTHER	JAMISON	October 11, 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Single	April 4, 1888	66 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housework	Home	Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John I. Jamison	Mary Catherine Jamison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	No	None	404 West South Street, Melvin I. Jamison, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Uterus — Interval Between Onset And Death: 2 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 1953 to Oct. 11, 1954, that I last saw the deceased alive on Oct 11, 1954, and that death occurred at 10:15 P.M. from the causes and on the date stated above.

SIGNATURE H.H. Keene (Degree or title) M. D. — ADDRESS Frederick, Maryland — DATE SIGNED 10/12/1954

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 14, 1954	St. John's Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
14 October 1954	Elizabeth G. Hoke	M.R. Etchison & Son, Frederick, Maryland	

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 15 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09398

09419 CERTIFICATE OF DEATH Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#4 | LENGTH OF STAY (in this place) 29 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ballenger Creek Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#4
STREET ADDRESS (If rural give location) Ballenger Creek Road

3. NAME OF DECEASED. (Type or Print) (First) EMMA (Middle) LEE (Last) JONES
4. DATE OF DEATH: (Month) October (Day) 28, (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 3 Sept 1889
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-work
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Robert Watkins
14. MOTHER'S MAIDEN NAME: Sallie Lee
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Spencer G. Jones, RD#4, Frederick, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSE (S) (B) DUE TO Arterio Sclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1953 to Oct 28 1954 that I last saw the deceased alive on Oct 28, 1954 and that death occurred at 9:30P M, from the causes and on the date stated above.
SIGNATURE M. D. ADDRESS Frederick, Maryland DATE SIGNED 29 Oct 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 31 Oct 1954 | NAME OF CEMETERY OR CREMATORY Providence Cemetery | LOCATION (City, town, or county) (State) Kemptown, Maryland

DATE REC'D BY LOCAL REGISTRAR 29 October 1954 | REGISTRAR'S SIGNATURE Elizabeth S. Fenke.

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (0399)

09388 CERTIFICATE OF DEATH

Reg. Dist. No. 18

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information correctly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Fred
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Brunswick
STREET ADDRESS (If rural give location) 229 East Potomac

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) Campbell (Last) Kare

4. DATE OF DEATH: (Month) 10 (Day) 1 (Year) 19 54

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify) Widow
8. DATE OF BIRTH: 5-9-1891
9. AGE last birthday: 63 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Henry Campbell
14. MOTHER'S MAIDEN NAME: Mary Tolder Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N
(If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: ?
17. INFORMANT & ADDRESS: Carman P. Kare Baltimore, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Hypertensive Cardiovascular
DUE TO
(c) Disease

Interval Between Onset And Death
(a) 4 Days
(b)
(c) 6 yrs +

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/29, 1954, to 10/1, 1954, that I last saw the deceased alive on 9/31, 1954, and that death occurred at 7 34 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J Henry V Chase M.D. 4 E. Church St. 10/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10-3-54
NAME OF CEMETERY OR CREMATORY St. Marks
LOCATION (City, town, or county) (State) Catoctin Md

DATE REC'D BY LOCAL REGISTRAR 3 October 1954
REGISTRAR'S SIGNATURE Elizabeth Y. Fox
24. FUNERAL DIRECTOR C.N. Fink & Bro Brunswick Md.
ADDRESS

VS. A15

OCT 5 1954
BUREAU U. S.

09400

MARYLAND 09411

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg
MARYLAND
LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Minnie (Middle) Finneyfrock (Last) Kelly

4. DATE OF DEATH (Month) Oct. (Day) 23. (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH January 27, 1876--78 yrs.

9. AGE last birthday | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Frederick Co. MD

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Harvey Finneyfrock

14. MOTHER'S MAIDEN NAME Georgianna Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) No

16. SOCIAL SECURITY No. No

17. INFORMANT AND ADDRESS Luther Kelly Emmitsburg. MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive & Arteriosclerotic cardiovascular renal disease	several years
	(c) Generalized Arteriosclerosis	several years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mesenteric Thrombosis 2-3 days.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May ., 1954 to Oct 23, 1954, that I last saw the deceased alive on Oct. 23, 1954, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles R Williams M.D. ADDRESS Emmitsburg, Md. DATE SIGNED Oct 24 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Oct. 26th. 1954 | NAME OF CEMETERY OR CREMATORY United Brethern Cem. | LOCATION (City, town, or county) (State) Thurmont. Fredk Co. MD

DATE REC'D BY LOCAL REG. Oct-25-1954 | REGISTRAR'S SIGNATURE M. F. Shuff

24. FUNERAL DIRECTOR M. L. Creager & Son. ADDRESS Thurmont. MD

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09401

09412

CERTIFICATE OF DEATH

Reg. Dist. No. 144

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Thurmont
LENGTH OF STAY (in this place) 78 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Thurmont
STREET ADDRESS (If rural give location) Route # 1

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) H. (Last) KELLY

4. DATE OF DEATH: (Month) Oct. (Day) 7 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: March 31, 1876

9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Gen. Farm

11. BIRTHPLACE (State or foreign country): Thurmont, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jerome F. Kelly

14. MOTHER'S MAIDEN NAME: Mary V. Peddicord

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Miss Alice G. Kelly, Emmitsburg, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Heart disease, Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 3 hrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) No M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 7, 1954 to Oct. 7, 1954 that I last saw the deceased alive on Oct. 7, 1954, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

SIGNATURE AND M.D. James K. Gray ADDRESS Thurmont Md. DATE SIGNED Oct. 8-1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Oct. 11, 1954

NAME OF CEMETERY OR CREMATORY Blue Ridge

LOCATION (City, town, or county) (State) Thurmont, Fred. Co. Md.

DATE REC'D BY LOCAL REGISTRAR October 11, 1954

REGISTRAR'S SIGNATURE Blanche L. Eyler

24. FUNERAL DIRECTOR AND ADDRESS M. L. Creager & Son, Thurmont, Md.

OCT 13
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09402

09389 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) //
HOSPITAL OR INSTITUTION OR STREET ADDRESS 118 East Seventh Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 118 East Seventh Street

3. NAME OF DECEASED: (Type or Print) (First) PEARL (Middle) CLARK (Last) KING

4. DATE OF DEATH: (Month) October (Day) 14 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: June 12, 1879

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Janitor

10b. KIND OF BUSINESS OR INDUSTRY: College

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John M. King

14. MOTHER'S MAIDEN NAME: Mary Layton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 217-10-0310

17. INFORMANT & ADDRESS: 118 East Seventh Street, Mrs. Ruth Darner King, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic myocarditis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis DUE TO

(c)

Interval Between Onset And Death: 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1953, to Oct 5, 1954, that I last saw the deceased alive on Oct 5, 1954 and that death occurred at 6:15 P.M., from the causes and on the date stated above.

SIGNATURE A. T. Keene (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 10/15/1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Oct. 18, 1954 NAME OF CEMETERY OR CREMATORY Christian Cemetery LOCATION (City, town, or county) Hyattstown, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR Oct. 18, 1954 REGISTRAR'S SIGNATURE Elizabeth S. Heck

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

69403

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09413

CERTIFICATE OF DEATH

Reg. Dist. No. 81

Item 2 Film 0172 10-28-54 et

1. PLACE OF DEATH:

COUNTY Frederick — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Union Bridge RFD 2 — LENGTH OF STAY (in this place) 3 Mo

HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md — COUNTY Carroll Fred.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge (RFD. 2) ~~Rural~~

STREET ADDRESS (If rural, give location) N. Main St

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
~~Jessie~~ Jesse	Roop	Klein	Oct.	14	19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
M	W	Widowed	May 19, 1874	80 yrs.	4	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer & Preacher	Preacher	Frederick, Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Samuel Klein	Elizabeth Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs Mary Repp — Daughter Union Bridge, Md. Rt. 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Pleural Effusion —	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Carcinoma Liver	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐
0		

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953, to 10-14-, 1954, that I last saw the deceased alive on 10-14-, 1954, and that death occurred at 11:45 P.m., from the causes and on the date stated above.

SIGNATURE J. H. Repp (DEGREE OR TITLE) M D ADDRESS Union Bridge, DATE SIGNED 10-15-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 17 '54	Beaver D[illegible]	Near Union Bridge Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 16, 1954	Rubie L. Repp	Raymond K. Wright	Union Bridge Md

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

OCT
BUREAU V. S.

09390 MARYLAND STATE DEPARTMENT OF HEALTH 09404

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 13.1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY FREDERICK — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK | LENGTH OF STAY (in this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CARROLL
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN UNION BRIDGE
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MALLERY (Middle) IVAN (Last) LANDERS
4. DATE OF DEATH: (Month) OCTOBER (Day) 22, (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): MARRIED
8. DATE OF BIRTH: Aug. 9 1928
9. AGE last birthday: 26 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Navy
10b. KIND OF BUSINESS OR INDUSTRY: Camp Detrick
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Richard E.A. Landers
14. MOTHER'S MAIDEN NAME: Hazel Nash

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) Korean
16. SOCIAL SECURITY NO. 225-34-7080
17. INFORMANT AND ADDRESS: Mrs Jeannette Landers, Union Bridge, Md

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) SHOTGUN WOUND OF CHEST — Interval Between Onset and Death: 3 DAYS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY HOME | (CITY OR TOWN) UNION BRIDGE — (COUNTY) CARROLL — (STATE) MD.

TIME (Month) (Day) (Year) (Hour) OF INJURY OCT. 18, 1954 6 00 pm. | INJURY OCCURRED While at work ☐ Not while at work X | HOW DID INJURY OCCUR? SHOT SELF WITH SHOTGUN

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide X, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED
Robert J. Jurie M.D. Box 236 RFD #6, Frederick, Md. 10-22-54

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial | DATE THEREOF Oct. 24 1954 | NAME OF CEMETERY ~~OR CREMATORY~~ Pipes Creek Baptist Church | LOCATION (City, town, or county) Baynesville, (State) Va.

DATE REC'D BY LOCAL REG. 23 Oct. 1954 | REGISTRAR'S SIGNATURE Elizabeth S. Fahs | 24. FUNERAL DIRECTOR J.C. Barton, Walkersville | ADDRESS Md.

OCT
U. S.

09414

09405

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 138

Item 9, Film 173 11-23-54 et

1. PLACE OF DEATH — COUNTY: FREDERICK — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NEW MARKET — LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NEW MARKET
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) SARAH (Middle) A. (Last) LEE

4. DATE OF DEATH: (Month) OCT (Day) 11 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOW

8. DATE OF BIRTH: Nov 24 1886

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ASBURY HOPKINS

14. MOTHER'S MAIDEN NAME: EMILY HOPKINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: W. O. LEE NEW MARKET MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: Possibly a few minutes

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/11, 1954, to 10/11, 1954, that I last saw the deceased alive on 10/11, 1954, and that death occurred at 5 30 A m., from the causes and on the date stated above.

SIGNATURE: W B Caldwell — (Degree or title): M.D. — ADDRESS: Mt. Airy, Md — DATE SIGNED: 10/11/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: Oct 13-1954 — NAME OF CEMETERY OR CREMATORY: SIMPSONS CHAPEL CEM — LOCATION (City, town, or county) (State): NEW MARKET MD

DATE REC'D BY LOCAL REG.: Oct 12-1954 — REGISTRAR'S SIGNATURE: Lucian K Falconer

24. FUNERAL DIRECTOR: W E Falconer — ADDRESS: New Market Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

09415

MARYLAND STATE DEPARTMENT OF HEALTH

09496

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick Route 3 — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown
STREET ADDRESS (If rural, give location) R. F. D. # 2

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) C. (Last) Lee
4. DATE OF DEATH: (Month) October (Day) 12 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 8-31-1891
9. AGE last birthday: 63 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Thomas C. Lee
14. MOTHER'S MAIDEN NAME: Marinda Kennedy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mrs. Charles Summers, Middletown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chr Cardio Renal Vascular Dzs — Interval Between Onset and Death: 5 Z

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1, 1954, to 10/12, 1954, that I last saw the deceased alive on 10-12, 1954, and that death occurred at 3:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): M D — ADDRESS: Dudrow Md — DATE SIGNED: 10/12/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 10-15-1954 — NAME OF CEMETERY OR CREMATORY: Harmony Cemetery — LOCATION (City, town, or county): Harmony — (State): Md.

DATE REC'D BY LOCAL REG. 14 October 1954 — REGISTRAR'S SIGNATURE: Elizabeth S. Hall

24. FUNERAL DIRECTOR: Gladhill Co. Middletown — ADDRESS: Md.

RECEIVED
OCT 15 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09407

09416 # CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#5
LENGTH OF STAY (in this place) 1 Week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick
STREET ADDRESS (If rural give location) 206 East Sixth Street

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) ISAAC (Last) LIPPS
4. DATE OF DEATH: (Month) 10 (Day) 20 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 12 Oct 1877
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Junk Yard
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Thomas Lipps
14. MOTHER'S MAIDEN NAME: Martha Poffinberger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-10-4760
17. INFORMANT & ADDRESS: Maynard V. Lipps, 206 E. 6th St., Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral arterio-sclerosis — Interval Between Onset And Death: 2 wks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis — yrs.

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1 ,1954, to 10-20 ., 1954, that I last saw the deceased alive on 10-20, 1954., and that death occurred at 7:10 PM ., from the causes and on the date stated above.

SIGNATURE Ruth Martin (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 21 Oct 1954

23. BURIAL CREMATION, REMOVAL (Specify) Burial DATE THEREOF 23 Oct 1954 NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 23 Oct. 1954 REGISTRAR'S SIGNATURE Elizabeth S. Hoke

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

OCT
DUNLAP V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 69408

09417

CERTIFICATE OF DEATH

Reg. Dist. No. 131

Item 4,Elim6171 10-18-54 et

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#5
LENGTH OF STAY (in this place) 7 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick
STREET ADDRESS (If rural give location) 209 Center Street

3. NAME OF DECEASED: (Type or Print) (First) BLANCHE (Middle) EDITH (Last) LONG
4. DATE OF DEATH: (Month) 10 (Day) 9 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED,~~ (Specify): Single
8. DATE OF BIRTH: Unknown
9. AGE last birthday: 72 ? yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House-Work
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dr. Wilson A. Long
14. MOTHER'S MAIDEN NAME: Annie E. Grothey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: 114-A W. Church St., Edward D. Storm, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset And Death: 10 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chronic parenchymatous Nephritis — 2 yrs
DUE TO (c) Chronic Myocarditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 25, 1954, to Oct. 9, 1954, that I last saw the deceased alive on Oct. 8, 1954, and that death occurred at 9:10 AM, from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 11 Oct 1954

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) Burial
DATE THEREOF 12 Oct 1954
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 12 October 1954
REGISTRAR'S SIGNATURE Elizabeth S. Keefer
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, ADDRESS Maryland

VS. A15

OCT 13 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09418

CERTIFICATE OF DEATH

09409

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Frederick — MARYLAND

~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town): Frederick*Rural R.D.1 X

LENGTH OF STAY (in this place): Month

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mt Pleasant Y

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Frederick

CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town): Frederick

STREET ADDRESS (If rural give location): 348 Madison Street

3. NAME OF DECEASED: (Type or Print) (First) SELMA (Middle) BERNICE (Last) MAIN

4. DATE OF DEATH: (Month) October (Day) 14, (Year) 19 54

5. SEX	6. COLOR OR RACE	7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED;~~ (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widow	June 27, 1881	73 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Home	Maryland	USA

13. FATHER'S NAME: James M. Poole

14. MOTHER'S MAIDEN NAME: Eudalphia Hood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No — No	219-20-4874	Mrs. C. Edward Hoffman, Frederick R.D.#1, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Pneumonia terminal	4 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cerebral Hemorrhage c Hemiplegia	6 days
	DUE TO (c) Diabetes Mellitus Chronic Nephritis	22 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No XX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May ....., 19 32, to Oct. 16, 1954., that I last saw the deceased alive on Oct. 13, 1954, and that death occurred at 12:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): M. D. — ADDRESS: Frederick, Maryland — DATE SIGNED: 10/18/1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 19, 1954	Mount Olivet Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
18 Oct. 1954	Elizabeth S. Fisher	M. R. Etchison & Son,	Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09410

09391 CERTIFICATE OF DEATH Reg. Dist. No. 13

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Frederick
LENGTH OF STAY (in this place) [redacted] days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE South Carolina COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlston, RFD 1
STREET ADDRESS (If rural give location) Box 217 10-11

3. NAME OF DECEASED: (Type or Print) (First) Inez (Middle) (Last) McDaniel
4. DATE OF DEATH: (Month) Oct (Day) 15 (Year) 1954
5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 21 Sept 1954
9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months 0 Days 24 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Alonzo McDaniels
14. MOTHER'S MAIDEN NAME: Virginia Richardson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Father - Charlston S.C. RFD 1 Box 217

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Sclerema — Interval Between Onset And Death: 96 hrs.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Prematurity — 24 days
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 Sept, 1954, to 15 Oct, 1954, that I last saw the deceased alive on 15 Oct, 1954, and that death occurred at 7:35 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) J. M. Power Jr.
ADDRESS 2201 Market Frederick
DATE SIGNED 21 Oct 54

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial — DATE THEREOF Oct 22-54 — NAME OF CEMETERY OR CREMATORY Fairview — LOCATION (City, town, or county) (State) Frederick - Md.
DATE REC'D BY LOCAL REGISTRAR 22 Oct-1954 — REGISTRAR'S SIGNATURE Elizabeth S Tech.
24. FUNERAL DIRECTOR Charles E. Kiefer III — ADDRESS Fred. Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

09419

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09411

CERTIFICATE OF DEATH

Reg. Dist. No. 138

tem 2, FilmG173 11-12-54 et

1. PLACE OF DEATH: COUNTY Frederick; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Iamsville; LENGTH OF STAY (In this place) 2 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Riggs Cottage Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ; COUNTY ; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Versailles 25 years a o; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Susan (Middle) (Last) McWilliams

4. DATE OF DEATH: (Month) October (Day) 29 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 16 1899

9. AGE last birthday: 55 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John McWilliams

14. MOTHER'S MAIDEN NAME: Margaret Lyons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Joseph Fenwick Jamsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis with Myocardial degeneration — Interval Between Onset and Death: unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ; (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia — 28 yrs

19a. DATE OF OPERATION ; 19b. MAJOR FINDINGS OF OPERATION ; 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ; PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ; (CITY OR TOWN) ; (COUNTY) ; (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. ; INJURY OCCURRED While at Work ☐ Not While At work ☐ ; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1953, to Oct 29, 1954, that I last saw the deceased alive on Oct 29, 1954, and that death occurred at 8 32 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joseph Fenwick MD, Jamsville Md Oct 29 54

23. BURIAL, CREMATION REMOVAL (Specify) Burial ; DATE THEREOF Nov 1 - 1954 ; NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery ; LOCATION (City, town, or county) Frederick (State) Md

DATE REC'D BY LOCAL REG. Oct 30-54 ; REGISTRAR'S SIGNATURE Lucian K Falconer ; 24. FUNERAL DIRECTOR W E Falconer ADDRESS New Market Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

09420

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 09412

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 141

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Knoxville | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 340

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Knoxville
STREET ADDRESS (If rural, give location) Route 340

3. NAME OF DECEASED: (First) JAMES (Middle) EDWARD (Last) MOORE
4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 10, 1954
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JULY 18, 1891
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): WATCHMAN
10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: EDWARD LEE MOORE
14. MOTHER'S MAIDEN NAME: MARY LAVIGNE FAUBLE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 705-10-3992
17. INFORMANT & ADDRESS: WIFE: MARY ADA MOORE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Thrombosis	2yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	Cerebral Arteriosclerosis	yrs.
	(c) DUE TO		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. NONE
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY NONE
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? NONE

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒ Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Price M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. DATE SIGNED 10-10-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 10-14-54 | NAME OF CEMETERY OR CREMATORY Reformed | LOCATION (City, town, or county) (State) Knoxville, Maryland
DATE REC'D BY LOCAL REG. October 11 54 | REGISTRAR'S SIGNATURE Kathryn A. Bronner
24. FUNERAL DIRECTOR AND ADDRESS C.H. Foote and Bro. Brunswick, Md.

VS. A15A - 5 - 53

OCT 15 1914

BUREAU V. S.

09392 **MARYLAND STATE DEPARTMENT OF HEALTH** 09413

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY Frederick MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick; LENGTH OF STAY (In this place) 4 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Fred. Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Fred; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Mt. Pleasant; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	JESSE	MARSHALL	NUSBAUM	Oct.	25	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Widowed	Aug. 27, 1879	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Owner	Frederick Co.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Michael Nusbaum	Dauna Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs John Betzandanner, Fred., R.I.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uraemia	weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Nephritis multiple cysts	
	(c) left a. illness	years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct. 12, 1954, to Oct. 25, 1954, that I last saw the deceased alive on Oct. 25, 1954, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frederick Md.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 28, 1954	Chapel	Mt. Liberty town M.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
26 October 1954	Elizabeth L. Leib	J. C. Barton, Walkersville, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09414

09421

CERTIFICATE OF DEATH

Reg. Dist. No. 13

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Fred.
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Frederick
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) F. (Last) Riddlemoser

4. DATE OF DEATH: (Month) 10 (Day) 21 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): married

8. DATE OF BIRTH: 1-16-1876

9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John Keller

14. MOTHER'S MAIDEN NAME: Mary Knop

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Howard E. Riddlemoser Frederick Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arterio-Sclerosis - Hypertension DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 5 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 16, 1954, to Oct. 21, 1954 that I last saw the deceased alive on Oct. 20, 1954, and that death occurred at 2:10 AM, from the causes and on the date stated above.

SIGNATURE J E Harp M. D. ADDRESS Middletown DATE SIGNED 10-21-54

23. BURIAL, ~~CREMATION~~, REMOVAL (SPECIFY) Burial

DATE THEREOF 10-23-1954

NAME OF CEMETERY OR CREMATORY Reformed Cemetery

LOCATION (City, town, or county) Middletown (State) Md.

DATE REC'D BY LOCAL REGISTRAR 23 Oct. 1954

REGISTRAR'S SIGNATURE Elizabeth L. Eader

24. FUNERAL DIRECTOR Gladhill Co. ADDRESS Middletown, Md.

OCT 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09393 9415

CERTIFICATE OF DEATH

Reg. Dist. No. 13

Items 3+5 - Filed 11/2 10/29/54 mnk.

1. PLACE OF DEATH:
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) MARYLAND 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dickerson
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Marion (Middle) Buchanan (Last) Rankles

4. DATE OF DEATH: (Month) Oct (Day) 26 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: March 10-1876

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert Thompson

14. MOTHER'S MAIDEN NAME: Margaret Molesworth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Robert Dayhoff, Dickerson, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Decompensation DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardio Vascular Renal Disease DUE TO

(c)

Interval Between Onset And Death: (a) 2 days (b) Many years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1 1954, to Oct 26, 1954, that I last saw the deceased alive on Oct 26, 1954, and that death occurred at 1.50 P.M., from the causes and on the date stated above.

SIGNATURE H Lamond Jahney (Degree or title) MD ADDRESS Frederick Md DATE SIGNED 10-26-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Oct 28-54 NAME OF CEMETERY OR CREMATORY Mt Olivet LOCATION (City, town, or county) (State) Frederick, Md

DATE REC'D BY LOCAL REGISTRAR 29 Oct 1954 REGISTRAR'S SIGNATURE Elizabeth S. Heck

24. FUNERAL DIRECTOR William B. Hilton ADDRESS Barnesville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct are is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

09422

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09416

Reg. Dist. No. 138

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY FREDERICK; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NEW MARKET; LENGTH OF STAY (In this place) 20 YRS; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY FREDERICK; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NEW MARKET; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) FLORENCE (Last) SHOWDEN

4. DATE OF DEATH: (Month) OCT (Day) 24 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: NOV 24-1896

9. AGE last birthday: 57 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: W. A. LEE

14. MOTHER'S MAIDEN NAME: ALLIE HOPKINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): -

16. SOCIAL SECURITY NO.: -

17. INFORMANT AND ADDRESS: REGINALD SHOWDEN NEW MARKET MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis,

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatic Heart Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1954 to Oct 23, 1954, that I last saw the deceased alive on Oct 23 1954 and that death occurred at 12:30 a.m., from the causes and on the date stated above.

SIGNATURE M D (Degree or title) ADDRESS Frederick Md DATE SIGNED Oct 25-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: OCT 27-54 | NAME OF CEMETERY OR CREMATORY: SIMPSONS CHAPEL CEMETERY | LOCATION (City, town, or county) NEW MARKET (State) MD

DATE REC'D BY LOCAL REG. Oct 26-54 | REGISTRAR'S SIGNATURE Lucian K. Falconer | 24. FUNERAL DIRECTOR: W. E. Falconer ADDRESS New Market Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09417

09423

CERTIFICATE OF DEATH

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

— MARGIN RESERVED FOR BINDING

M

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Rural- Rt. 5, Frederick
LENGTH OF STAY (in this place) Lifelong
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Rural - Rt. 5 — Frederick
STREET ADDRESS (If rural give location) R.F.D. # 5 — Frederick

3. NAME OF DECEASED: (Type or Print) (First) MARION (Middle) EDWARD (Last) SPECHT

4. DATE OF DEATH: (Month) October (Day) 15 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify): Widowed

8. DATE OF BIRTH: August 23, 1874

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lewis Specht

14. MOTHER'S MAIDEN NAME: Mary Michael

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mr. William E. Specht--Rt. 5, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

420.1
Immediate cause (a) Coronary occlusion — 1/2 hour
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Chronic Myocarditis — 10 yrs.
DUE TO
(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 10, 1954, to Oct. 15, 1954, that I last saw the deceased alive on Oct. 14, 1954, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. Frederick Md. Oct 16, 1954

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~, (Specify) Burial DATE THEREOF October 18, 1954 NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery LOCATION (City, or county) (State) Frederick, Maryland ADDRESS

DATE REC'D BY LOCAL REGISTRAR 16 October 1954 REGISTRAR'S SIGNATURE Elizabeth L. Eyler

24. FUNERAL DIRECTOR C. E. Cline & Son—8 East Patrick Street Frederick, Maryland

VS. A15

RECEIVED
OCT 10
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 69418

094 4

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick Rural
LENGTH OF STAY (in this place) MARYLAND 3 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick
STREET ADDRESS (If rural give location) 112 East Church Street

3. NAME OF DECEASED: (Type or Print) (First) ALLEN (Middle) DUNTON (Last) SPENCER Jr.

4. DATE OF DEATH: (Month) October (Day) 23, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: March 5,1876

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Manager

10b. KIND OF BUSINESS OR INDUSTRY: Trans. Co,

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Allen D. Spencer Sr.

14. MOTHER'S MAIDEN NAME: Florence Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.: 214-14-6994

17. INFORMANT & ADDRESS: 112 East Church Street, Mrs. Naomi S. Hardy, Frederick, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma, colon — Interval Between Onset And Death: 6 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1954, to Oct. 23, 1954, that I last saw the deceased alive on Oct. 22, 1954, and that death occurred at 10:30 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Bernard Thomas M. D. ADDRESS Frederick, Maryland DATE SIGNED 10/25/1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Oct. 26,1954 | NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery | LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 26 October 1954 | REGISTRAR'S SIGNATURE Elizabeth L. Hoch

24. FUNERAL DIRECTOR M. R. Etchison & Son, ADDRESS Frederick, Maryland

09394 (9419)

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

Item 4 Film 3172 10-25-54 et

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR [redacted] Frederick; LENGTH OF STAY (In this place) Several Years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 31 Winchester Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR [redacted] Frederick; STREET ADDRESS (If rural, give location) 31 Winchester Street

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) ANDREW (Last) STIMMEL

4. DATE OF DEATH: (Month) (Day) (Year) 10 - 17 - 1954

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, [redacted], DIVORCED. (Specify): Married

8. DATE OF BIRTH: Sept 21

9. AGE Last birthday: 33 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clarence E. Stimmel

14. MOTHER'S MAIDEN NAME: Mamie Lowery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: 217-18-7898

17. INFORMANT AND ADDRESS: Mrs. Ethel H. Stimmel, 31 Winchester St., Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARBON MONOXIDE INTOXICATION — Interval Between Onset and Death: 1 Hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ; (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes XX No ☐

21. EXTERNAL CAUSE WAS PRIMARY XX OR CONTRIBUTING CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Garage (CITY OR TOWN) Frederick (COUNTY) Frederick (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour) 9-17-54 CA 1 A m. INJURY OCCURRED While at work ☐ Not while at work XX HOW DID INJURY OCCUR? Ran Auto in closed garage with doors closed

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection XX, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident XX, suicide ___, homicide ___, undetermined ___.*

SIGNATURE Robert J. Jurie (Degree or title) ADDRESS M. D. Rox 236 R. F. D. 6, Frederick, Md. DATE SIGNED 17 Oct 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 20 Oct 1954; NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery; LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG. 19 October 1954; REGISTRAR'S SIGNATURE Elizabeth S. Heub

24. FUNERAL DIRECTOR: M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09420

09395 CERTIFICATE OF DEATH Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Thurmont
STREET ADDRESS (If rural give location) Lombard St.

3. NAME OF DECEASED: (Type or Print) (First) STALEY (Middle) F. (Last) STULL

4. DATE OF DEATH: (Month) Oct. (Day) 25 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: Oct. 29, 1895

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, ~~if retired~~) Ret. Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Own Gen. Mdse.

11. BIRTHPLACE (State or foreign country): Utica Frederick Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Grayson Stull

14. MOTHER'S MAIDEN NAME: Annie Staley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: 220-18-0164

17. INFORMANT & ADDRESS: Bessie K. Stull, Thurmont, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute myocardial infarction DUE TO — Interval Between Onset And Death: 1 week

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 Oct., 1954, to 25 Oct., 1954, that I last saw the deceased alive on 25 Oct. 1954, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE Charles H. Conley Jr. (Degree or title) M.D. ADDRESS Frederick, Maryland DATE SIGNED 25 Oct. 1954.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10/29/1954 — NAME OF CEMETERY OR CREMATORY Utica — LOCATION (City, town, or county) (State) Utica, Frederick Co. Md

DATE REC'D BY LOCAL REGISTRAR 28 October 1954 — REGISTRAR'S SIGNATURE Elizabeth B. Hess

24. FUNERAL DIRECTOR — ADDRESS M. L. Creager & Son, Thurmont, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09421

09396 CERTIFICATE OF DEATH Reg. Dist. No. 13

1. PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK | LENGTH OF STAY (in this place) 18 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY FREDERICK
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) NEW MARKET
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ELMER (Middle) CHARLES (Last) STUP
4. DATE OF DEATH: (Month) Oct. (Day) 13 (Year) 1954
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~; (Specify): MARRIED
8. DATE OF BIRTH: 12-1-1889
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY: BUILDING
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: CHARLES W. STUP
14. MOTHER'S MAIDEN NAME: ANNIE STOCKMAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) L (If Yes, give war or dates of service) L
16. SOCIAL SECURITY No.: 215-01-2827
17. INFORMANT & ADDRESS: GRACE STUP (WIFE) NEW MARKET MD

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Generalized Carcinoma DUE TO	about 6 mos.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Carcinoma of Rectum DUE TO	about 2 yrs.
	(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: Dec. 17, 1953
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of rectum
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1954, to Oct. 13, 1954, that I last saw the deceased alive on Oct. 13, 1954, and that death occurred at 1:00 PM, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ernest A. Dettbarn	M.D.	Frederick, Md.	Oct. 13, 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	10-16-1954	MT OLIVET CEMETERY	FREDERICK	MD

DATE RECD BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-14-1954	Elizabeth L. Tesh	W. E. Falconer	NEW MARKET MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Item 21 Film 172 10-29-54

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09422

09425

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Walkersville
HOSPITAL OR INSTITUTION OR STREET ADDRESS —
MARYLAND
LENGTH OF STAY (In this place) 9 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Walkersville
STREET ADDRESS (If rural, give location)

3. NAME OF [redacted] (Type or Print) (First) CORA (Middle) ESTELLA (Last) TROUT

4. DATE OF DEATH (Month) Oct. (Day) 14 (Year) 1954

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH May 20 1867

9. AGE last birthday 87 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Michael Anders

14. MOTHER'S MAIDEN NAME Mary Hartman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Mrs. Harry K. Smith, Walkersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture right femur, intertrochanteric	3 weeks
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility — 10 years

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) Sept. (Day) 24 (Year) 1954 (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? Fell walking up steps into home

22. I hereby certify that I attended the deceased from 28 Sep., 1954, to 14 Oct., 1954, that I last saw the deceased alive on 14 Oct. 1954, and that death occurred at 10 30 p m., from the causes and on the date stated above.

SIGNATURE Harry S. Stonesifer (Degree or title) M D ADDRESS Walkersville, Md DATE SIGNED 16 Oct 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Oct. 17, 1954

NAME OF CEMETERY OR CREMATORY Mt Hope

LOCATION (City, town, or county) Woodsboro (State) Md.

DATE REC'D BY LOCAL REG. 18 Oct. 1954

REGISTRAR'S SIGNATURE Elizabeth L. Eck

24. FUNERAL DIRECTOR J. C. Barton, Walkersville, Md. ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

09397 **MARYLAND STATE DEPARTMENT OF HEALTH** 1-9423

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick; LENGTH OF STAY (In this place) Years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick; ~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Libertytown; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROSIE	VICTORIA	TUCKER	Oct	19	1954

5. SEX	6. COLOR OR RACE	7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	C	W	4/1/1878	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife; 10b. KIND OF BUSINESS OR INDUSTRY own home; 11. BIRTHPLACE (State or foreign country) Maryland; 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jack Perkins; 14. MOTHER'S MAIDEN NAME Victoria Perkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —; 16. SOCIAL SECURITY NO. none; 17. INFORMANT George E. Tucker, Libertytown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
423		
Immediate cause	(a) Bronchopneumonia	48 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral thrombosis	10 days
	(c) Arteriosclerotic CVD	10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Oct., 1954, to 19 Oct, 1954, that I last saw the deceased alive on 19 Oct, 1954, and that death occurred at 5 p m., from the causes and on the date stated above.

SIGNATURE James E. Bowers Jr (Degree or title) MD; ADDRESS Walkersville, Md.; DATE SIGNED 20 Oct 54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 22-1954	St Peters	Libertytown Md

DATE REC'D BY LOCAL REG. Oct 21; REGISTRAR'S SIGNATURE Elizabeth B. Heck.

24. FUNERAL DIRECTOR; ADDRESS D E Harlow & Sons Libertytown Md

OCT

09398 MARYLAND STATE DEPARTMENT OF HEALTH

69424

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Massachusetts — COUNTY Middlesex
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Wakefield
STREET ADDRESS (If rural, give location) 819 Main Street

3. NAME OF DECEASED (Type or Print): (First) ALBERT (Middle) EDWARD (Last) WALKER

4. DATE OF DEATH: (Month) 10 (Day) 19, (Year) 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED. (Specify) Divorced

8. DATE OF BIRTH: 3 Jan 1880

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Maine

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alpha Walker

14. MOTHER'S MAIDEN NAME: Velma Fuller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 032-01-5094

17. INFORMANT AND ADDRESS: C. Frank Linnehan, Haverhill, Mass.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) BRAIN LACERATION * SUBARACHNOID HEMORRHAGE — 3 DAYS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY HOTEL — (CITY OR TOWN) FREDERICK — (COUNTY) FREDERICK, MARYLAND — (STATE) MARYLAND

TIME (Month) (Day) (Year) (Hour) OF INJURY 10-15-54 11:45 P m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? FELL DOWN FLIGHT OF STAIRS

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection X, Inquiry __ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes __, accident X, suicide __, homicide __, undetermined __.*

SIGNATURE: Robert J. Jamie — (Degree or title) M.D. — ADDRESS Box 236 RD 6, Frederick Md. — DATE SIGNED 10-21-54

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify) Removal — DATE THEREOF 21 Oct 1954 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Haverhill, Massachusetts

DATE REC'D BY LOCAL REG 21 Oct 1954 — REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR: M. R. Etchison & Son, Frederick, — ADDRESS Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09425

09421 **CERTIFICATE OF DEATH** Reg. Dist. No. 141

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick 35
LENGTH OF STAY (in this place) 70 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS I7 West "B" X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick 35
STREET ADDRESS (If rural, give location) I7 West "B"

3. NAME OF DECEASED: (Type or Print) (First) Edna (Middle) Garrott (Last) Wenner
4. DATE OF DEATH: (Month) (Day) (Year) IO-I9-I954 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: I-I3-I867
9. AGE last birthday: 87 yrs. IF UNDER I YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dr, John Edward Garrott
14. MOTHER'S MAIDEN NAME: Annie Rebecca Harrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Miss. E. Virginia Wenner, Brunswick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0
Immediate cause (a) acute Congestive Heart Failure — Interval Between Onset and Death: 2 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Arterio-Sclerotic Heart Disease — ??
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/3/0..., 1953, to 10/19..., 1954, that I last saw the deceased alive on 10/19..., 1954, and that death occurred at 12:15 P.M., from the causes and on the date stated above.

SIGNATURE W. G. Carpenter (DEGREE OR TITLE) M. D. ADDRESS Brunswick Md. DATE SIGNED 10/20/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF IO-2I-54
NAME OF CEMETERY OR CREMATORY St. Marks
LOCATION (City, town, or county) (State) Petersville, Maryland

DATE REC'D BY LOCAL REG. Oct 20-54
REGISTRAR'S SIGNATURE Kathryn H. Brown
24. FUNERAL DIRECTOR AND ADDRESS C. H. Feete and Bro. Brunswick, Md.

RECEIVED
OCT 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09399 CERTIFICATE OF DEATH Reg. Dist. No. 09426 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick
LENGTH OF STAY (in this place) 11 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 532 Mary Street

3. NAME OF DECEASED: (Type or Print) (First) LLOYD (Middle) HOFFMASTER (Last) ZIMMERMAN

4. DATE OF DEATH: (Month) Oct. (Day) 5, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: 5 May 1905

9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Repairman

10B. KIND OF BUSINESS OR INDUSTRY: Furniture Store

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William D. N. Zimmerman

14. MOTHER'S MAIDEN NAME: Estelle Hoffmaster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-10-2713

17. INFORMANT & ADDRESS: Mrs. Louise M. Zimmerman, 532 Mary St., Frederick, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Uremia	2 weeks
ANTECEDENT CAUSE (B)	DUE TO (B) Acute Nephrosis	2 weeks
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C) Portal Cirrhosis	1 year
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Infectious Hepatitis	1 1/2 year

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Sept, 1954, to 5 Oct, 1954, that I last saw the deceased alive on 5 Oct, 1954., and that death occurred at 2:10A M, from the causes and on the date stated above.

SIGNATURE Thomas E Stine M. D. ADDRESS Frederick, Maryland DATE SIGNED 6 Oct 1954

23. BURIAL, ~~CREMATION, REMOVAL~~ (SPECIFY) Burial

DATE THEREOF 7 Oct 1954

NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 6 October 1954

REGISTRAR'S SIGNATURE Elizabeth S. Heck

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

VS. A15—10-

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 7 1954
BUREAU V. S.